Last Updated:
_____/_____/_____

VIAL Of Life

Bradford County Emergency Medical Services

Patient Information

First Name:_____ Last Name: _____

Address:_____ City: _____ State: _____ Zip: _____

Phone No: ( ) _____-_____ Date of Birth _____/_____/_____

Social Security # _____/_____/_____ Significant Other: _____

Do you have a Do Not Resuscitate Order (DNR)? ❒No ❒ Yes. ***If Yes, please enclose a copy.***

Do you have a Living Will? ❒No ❒ Yes ***If Yes, please enclose a copy.***

Do you wear dentures? ❒ No ❒ Yes Do you wear glasses? ❒ No ❒ Yes

Do you wear contacts? ❒ No ❒ Yes Do you wear hearing aids? ❒ No ❒ Yes

Do you use oxygen? ❒ No ❒ Yes

Emergency Contacts

Name of Emergency Contact: _____

Phone: ( ) _____-_____ Relationship: _____

Name of Emergency Contact: _____

Phone: ( ) _____-_____ Relationship: _____

Primary Physician: _____ Phone: ( ) _____-_____

Clergy Contact: _____ Phone: ( ) _____-_____

Health Insurance Carrier: _____ Phone: ( ) _____-_____

Named Insured: _____

Policy Number: _____ Group: _____ Medicare Number: _____

This is a voluntary program. It is the responsibility of the participant to keep this form updated with current information. The City of Starke and Bradford County assume no liability for the accuracy of information contained, or the application and / or use of this information by Emergency Response Personnel when responding to a call for Emergency Medical Care.

Medical History

Allergies: ❒No ❒ Yes ***If Yes:*** *please specify* _____

Your Normal Blood Pressure: _____/_____ Weight: _____

Existing Medical Conditions: *Check all that apply*

❒ Asthma / COPD ❒ Diabetes ❒ Seizures ❒ Pacemaker ❒ Stroke ❒ Heart Disease ❒ Heart Failure
❒ Hepatitis/Liver ❒ Hypertension ❒ Thyroid Disease ❒ Kidney Disease ❒ A-Fib ❒ Cancer_____

Other Medical History: _____

Past Surgeries: _____ Date: _____

_____ Date: _____

_____ Date: _____

Please list additional medications (other than those listed below) and other medical information that would assist emergency personnel with your care:

_____

_____

_____

_____

_____

Enclosing an old EKG would greatly assist EMS should you have an emergency cardiac condition. Ask your physician for a copy or stop by EMS Headquarters (behind Bradford County Courthouse) for your free EKG.

Medications

- ❒ Alprazolam
- ❒ Ambien
- ❒ Amitriptyline
- ❒ Amlodipine (Norvase)
- ❒ Aspirin
- ❒ Atenolol
- ❒ Atripla
- ❒ Benadryl
- ❒ Cardizem
- ❒ Cialas
- ❒ Clonazepam
- ❒ Codeine
- ❒ Coumadin
- ❒ Desipramine
- ❒ Diazepam
- ❒ Dilantin
- ❒ Diovan
- ❒ Diphenhydramine
- ❒ Doxepin
- ❒ Fentanyl
- ❒ Furosemide
- ❒ Glipizide
- ❒ Hydrochlorothiazide / HCTZ
- ❒ Hydrocodone
- ❒ Insulin Type _____
- ❒ Klonopin
- ❒ Lasix
- ❒ Labetalol
- ❒ Levitra
- ❒ Lexapro
- ❒ Lipitor
- ❒ Lisinopril
- ❒ Lorazepam
- ❒ Lovenox
- ❒ Lyrica
- ❒ Maprotiline
- ❒ Meperidine
- ❒ Metformin
- ❒ Methadone
- ❒ Metoprolol
- ❒ Morphine
- ❒ Nexium
- ❒ Nitroglycerin
- ❒ Omeprazole
- ❒ Oxycodone
- ❒ Plavix
- ❒ Prevacid
- ❒ Prozac
- ❒ Singulair
- ❒ Soma
- ❒ Tramadol
- ❒ Tylenol
- ❒ Viagra
- ❒ Warfarin
- ❒ Xanax
- ❒ Zoloft

❒ **Over The Counter**

_____

_____

_____

_____

Please be sure to list any medications not indicated here in the space above.